

MEMORANDUM

To: Jed Ziegenhagen, Colorado Department of Health Care Policy & Financing
Nicole Nyberg, Colorado Department of Health Care Policy & Financing
Seth Lewis, Colorado Department of Health Care Policy & Financing
Erin K Johnson, Colorado Department of Health Care Policy & Financing

From: Paul Presken, Colorado Health Institute

Re: 2020 Accountable Care Collaborative Alternative Payment Model Measures, Points & Goal Recommendations

Date: November 6, 2019

This memorandum summarizes Colorado Health Institute (CHI) recommendations to the Colorado Department of Health Care Policy & Financing (the Department) for the 2020 Accountable Care Collaborative (ACC) Alternative Payment Model (APM) measure set, measure points and measure goals. These recommendations are based on stakeholder input elicited during two focus group meetings, a request for written feedback, two meetings with Federally Qualified Health Centers (FQHCs), a review with the ACC Program Improvement Advisory Committee (PIAC) and two ad hoc workgroup meetings.

This memorandum is divided into five sections:

- Recommendations for Electronic Clinical Quality Measures
- Recommendations for Claims Measures
- Recommendations for Structural Measures
- Other Measure Feedback & On Hold Measures
- Recommendations for Measure Point Assignment & Point Goal

Important Notes About These Recommendations:

- Each measure's specific point assignment recommendations are included in the measure recommendation sections, but general feedback and suggestions are included in the last section, Recommendations for Measure Point Assignment & Point Goal.
- Each measure's specific point assignment recommendation is based on how easy the measure is to operationalize; lower measure points indicate relative ease of implementation, whereas higher points indicate relative difficulty of implementation.
- These recommendations are **not** recommending changes to benefits or clinical guidelines in any way; they are strictly measuring practice performance.

Recommendation for Electronic Clinical Quality Measures

The following 15 electronic clinical quality measures (eCQMs) are recommended to be included in the 2020 ACC APM measure set. Stakeholder feedback about selected measures is included below the table. If no feedback is listed, then no feedback was received about that measure or feedback was unanimously in favor of the recommendation as originally suggested. The eQM Number column provides a hyperlink to the official measure specification documentation.

The 2020 Measure Status column indicates “Keep” if a 2019 measure should be kept as an option for 2020. The status “Add” indicates the new measure be added to the 2020 measure option selection list.

Electronic Clinical Quality Measures (eCQMs) Recommended for Inclusion in 2020

| eQM Number | eQM Description | Population | 2020 Measure Status | 2020 Measure Points ** | 2020 Department Goal |
|-------------------------|---|--------------|---------------------|------------------------|----------------------|
| CMS 2 | Preventive Care and Screening: Screening for Depression and Follow-Up Plan | Adults/ Peds | Keep | 30 | 93% |
| CMS 69 | Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up | Adults | Add | 30 | 88% |
| CMS 74 | Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists | Peds | Add* | 40 | 10%*** |
| CMS 82 | Maternal Depression Screening | Women/ Peds | Keep | 40 | 90% |
| CMS 117 | Childhood Immunization Status | Peds | Add | 50 | 51% |
| CMS 122 | Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) | Adults | Keep | 50 | 15%**** |
| CMS 125 | Breast Cancer Screening | Women | Add | 40 | 82% |
| CMS 130 | Colorectal Cancer Screening | Adults | Keep | 30 | 84% |
| CMS 131 | Diabetes: Eye Exam | Adults | Add | 30 | 99% |
| CMS 138 | Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention | Adults | Keep* | 20 | 99% |
| CMS 153 | Chlamydia Screening for Women | Women/ Peds | Add | 30 | 64% |

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|-------------------------|---|--------|------|----|-----|
| CMS 155 | Weight Assessment and Counseling for Nutrition & Physical Activity for Children & Adolescents | Peds | Add | 50 | 66% |
| CMS 161 | Adult Major Depressive Disorder (MDD): Suicide Risk Assessment | Adults | Add | 40 | 97% |
| CMS 165 | Controlling High Blood Pressure | Adults | Keep | 50 | 82% |
| CMS 177 | Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment | Peds | Add | 40 | 90% |

- * Preliminary recommendations had suggested that this measure be removed or not.
- ** A practice can earn half the point value if they report data but do not achieve their close the gap goal.
- *** The relatively low 2020 Department goal for this measure is reflective of the difficulty of reporting this measure.
- **** Higher performance on this measure is demonstrated by a lower percentage score, i.e., fewer patients with poor HbA1c control is better.

Stakeholder feedback for selected eQMs:

- **CMS 69 – Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up** – Stakeholders voiced concern about this measure because it focuses on BMI rather than weight assessment and counseling; however, stakeholders ultimately agreed that it should be included to align with the Medicare Quality Payment Program measure set and efforts by the Colorado Multi-Payer Collaborative to align measure sets across payers.
- **CMS 74 – Primary Caries Prevention Intervention as Offered by Primary Care Providers, including Dentists** – Stakeholders felt that this measure has value and should be included if dental care is part of ACC Key Performance Indicators (KPIs) in 2020. This measure also supports the Cavity Free at Three program in the state. However, some stakeholders felt that this measure was outside the scope of a primary care provider and that it is challenging to accomplish in rural areas. An alternative measure, [CMS 75 - Children Who Have Dental Decay or Cavities](#), was considered but stakeholders agreed that this measure would be even harder to capture because many electronic medical records (EMRs) cannot capture the necessary data or the data exists separately in dental practices which are likely to be non-electronic and inaccessible. Despite these challenges, the consensus of the final workgroup was to add CMS 74 as an eQm for the 2020 APM measure set.
- **CMS 82 – Maternal Depression Screening** – Stakeholders felt that this measure is meaningful and essential. Nevertheless, there were several challenges voiced about the

feasibility of this measure for pediatric practices, including privacy issues raised by including the mother's screening results in the child's chart and practice workflow barriers to collecting and including the mother's clinical information in a pediatrics setting. The recommendation is to proactively educate and help practices who select this measure overcome the barriers to reporting this measure. Stakeholder feedback indicated that the goal for this measure has been set too high in 2020, but ultimately the group agreed to keep it at 90% because this matches the average measure result for practices who reported this measure through the Colorado State Innovation Model (SIM).

- **CMS 117 – Childhood Immunization Status** – Stakeholders felt that this was an important measure for pediatric practices but acknowledged that it is hard to accurately capture for several reasons. Practices cite challenges in providing comprehensive immunizations to children in the given timeframe of the measure and challenges in capturing all a child's immunizations records which may be recorded in multiple practice EMRs. The final recommendation is to add this measure and to leverage the Colorado Immunization Information System (CIIS) to capture more comprehensive immunization records for kids.
- **CMS 122 - Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%)** – Stakeholders voiced concern that there is no measure yet that includes continuous glucose monitoring of diabetic patients. In the absence of such a measure, the recommendation is to keep CMS 122 in the 2020 measure set.
- **CMS 130 - Colorectal Cancer Screening** – Stakeholders voiced concern that the Department goal increased substantially from 67% in 2019 to 84% in 2020. The higher percentage in 2020 was set to align with the QPP 10th decile goal, which is currently at 83.51%. The final workgroup agreed that the 84% goal should be kept in order to maintain alignment with QPP and practices have the option of not picking this measure if they do not feel they can meet their close the gap goal on this measure.
- **CMS 131 – Diabetes: Eye Exam** – Stakeholders pointed out that this measure is often not performed at primary care offices but referred out to specialists. These practices struggle to get records back from the specialist to satisfy this eCQM measure. Despite these challenges, the recommendation is to add this measure so that practices may select it if this is a good fit for the practice.
- **CMS 138 - Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention** – Preliminary recommendations had removed this measure because the goal had been set at 100 percent. Stakeholders asked that the measure be retained and that the goal be revisited by the Department. The final recommendation is that the goal be revised down to 99% for 2020, understanding that the Department has offered strong indications that it may be discontinued as a measure in 2021 because many practices are already at 100% achievement. Concern was voiced during feedback sessions that this

measure does not include vaping; the group also acknowledged that no official national measure exist yet to measure vape use.

- **CMS 153 – Chlamydia Screening for Women** – Stakeholders felt this measure was important but pointed out that this measure is for a narrow age range of women (16-24) and does not include men. In addition, stakeholders pointed out that this measure (as well as other gender-specific measures) does not account for non-binary gender identities. In the absence of a more inclusive measure at this time, the recommendation is to keep this measure in the 2020 measure set.
- **CMS 165 – Controlling High Blood Pressure** - Stakeholders voiced concern that the Department goal increased substantially in 2020 to 82%. The higher percentage in 2020 was set to align with the QPP 10th decile goal, which is currently at 82.21%. The final workgroup eventually agreed that the 82% goal should remain, and practices have the option of not picking this measure if they do not feel they can meet their close the gap goal on this measure.

The following two measures were included in the 2019 list of measure options but are recommended to be removed in the 2020 ACC APM measure set. Below the table is a brief explanation as to why stakeholders felt each measure should be removed.

Electronic Clinical Quality Measures Recommended for Removal in 2020

| eCQM Measure Number | eCQM Measure Description | Population | 2020 Measure Status |
|-------------------------|-----------------------------------|-------------|---------------------|
| CMS 123 | Diabetes Foot Exam | Adults | Remove |
| CMS 159 | Depression Remission at 12 months | Adults/Peds | Remove |

Rationale for eCQM Measure Removal:

- **CMS 123 – Diabetes Foot Exam** - This measure was removed as a CMS measure in 2019.
- **CMS 159 – Depression Remission at 12 Months** - Practices are challenged to electronically capture the necessary data and follow up with patients. In addition, some practices question the ability to achieve patient remission in only 12 months and the ability of PHQ-9 to adequately measure remission. Due to these challenges, stakeholders recommend that this measure be removed from the 2020 measure set.

Recommendation for Claims Measures

The following 18 Claims measures are recommended to be included in the 2020 ACC APM measure set. The 2020 Measure Status column indicates “Keep” if a 2019 measure should be kept as an option for 2020. The status “Modify” indicates a 2019 claims measure that should be changed for 2020. Stakeholder feedback on Claims measures is provided below the table.

Claims Measures Recommended for Inclusion in 2020

| Claims Measure Description | Population | 2020 Measure Status | 2020 Measure Points | 2020 Department Goal |
|---|-------------------|----------------------------|----------------------------|-----------------------------|
| Adolescent Immunizations | Peds | Keep | 50 | 47% |
| Adolescent Well Care | Peds | Keep | 40 | 80% |
| Appropriate Testing for Pharyngitis | Adults/Peds | Keep | 10 | 91% |
| Breast Cancer Screening | Women | Keep | 20 | 70% |
| Childhood Immunizations Combo 7 | Peds | Keep | 50 | 68% |
| Chlamydia Screening | Women/Peds | Keep | 10 | 72% |
| Diabetes: Medical Attention to Nephropathy | Adults | Keep | 20 | 94% |
| Emergency Department Utilization | All | Keep | 60 | TBD ⁺ |
| Hospital Readmission Rates | All | Keep | 60 | TBD ⁺ |
| Lead Screening | Peds | Keep | 30 | 80% |
| Medication Management for People with Asthma | All | Keep | 40 | 50% |
| Pharmacotherapy Management of COPD Exacerbation | Adults | Keep | 30 | 90% & 82% |
| Spirometry Testing | Adults | Keep | 20 | 43% |
| Total Cost of Care | All | Add | 60 | TBD ⁺ |
| Use of Imaging in Low Back Pain | Adults | Keep | 30 | 82% |
| Weight Assessment and Counseling for Nutrition & Physical Activity for Children & Adolescents | Peds | Modify | 40 | 91%, 86% & 81% |
| Well Child Visits 3-6 years | Peds | Keep | 40 | 80% |
| Well Child Visits in the first 15 months of life | Peds | Keep | 40 | 80% |

⁺ Goals will be set through an ad hoc workgroup consisting of representatives from practices that choose these measures in 2020 and other key stakeholders.

Stakeholder feedback for selected Claims measures:

- **Emergency Department Utilization & Hospital Readmission Rates** – Stakeholders agreed to add these measures but convene an ad hoc workgroup consisting of representatives from practices that choose these measures in 2020 and other key stakeholders to finalize measure definitions and goals.
- **Total Cost of Care** – This measure was suggested for addition to the Claims measures by some stakeholders, but others felt that the measure went beyond the ability of primary care alone to influence. Stakeholders also agreed that this measure is very complex to calculate and will need to be at least risk-adjusted before being reported. Stakeholders agreed to add this measure but convene an ad hoc workgroup consisting of representatives from practices that choose this measure in 2020 and other key stakeholders to finalize measure definition and goals.
- **Weight Assessment and Counseling for Nutrition & Physical Activity for Children and Adolescents** – This measure is being modified for 2020 by consolidating three separate measures in 2019 into a single measure in 2020. The single measure will have three separate scores that will be combined for a single overall measure value.

The following four Claims measures were included in the 2019 list of measure options but are recommended to be removed in the 2020 ACC APM measure set. Below the table is a brief explanation as to why stakeholders felt each measure should be removed.

Claims Measures Recommended for Removal in 2020

| Claims Measure Description | Population | 2020 Measure Status |
|--|------------|---------------------|
| Adult BMI Assessment | Adults | Remove |
| Diabetes: Eye Exam | Adults | Remove |
| Diabetes: HbA1c Testing | Adults | Remove |
| Potentially Avoidable Cost/Complications | Adults | Remove |

Rationale for Claims Measure Removal:

- **Adult BMI Assessment** – Stakeholders pointed out that BMI codes used for this measure were not very useful and that providers spend more time coding this measure than focusing on patients. Also, a new eQIM version of this measure (CMS 69) is being recommended for addition in 2020 which will measure outcomes.
- **Diabetes: Eye Exam** – Stakeholders did not have many comments about this measure, but it is recommended for removal because of issues in accurate measurement using claims. Also, a new eQIM version of this measure (CMS 131) is being recommended for addition in 2020 which will measure outcomes.

- **Diabetes: HbA1c Testing** – An outcomes-oriented eCQM already exists for diabetes HbA1c testing (CMS 122). Stakeholders recommend removing this claims-based measure if practices have enough time to transition to the eCQM measure.
- **Potentially Avoidable Cost/Complications** – While this measure is calculated using claims, it is better suited as a Structural measure due to ongoing efforts to improve the collection and analysis of this data. Practices will be asked to engage with the Department in reviewing the data and recommending appropriate improvements and goals. A practice will earn credit by engaging in this process rather than by achieving a goal or closing the gap towards that goal; therefore, the recommendation is to move this measure to the list of Structural measures to better reflect the way practices will earn credit for this measure.

Recommendation for Structural Measures

The following 31 Structural measures are recommended to be included in the 2020 ACC APM measure set. The 2020 Measure Status column indicates “Keep” if a 2019 measure should be kept as an option for 2020. The status “Add” indicates the new measure be added to the 2020 measure option selection list. Stakeholder feedback on structural measures is provided below the table.

Structural Measures Recommended for Inclusion in 2020

| Structural Measure Category | Structural Measure Description | Population | 2020 Measure Status | 2020 Measure Points |
|---|-----------------------------------|------------|---------------------|---------------------|
| Implement Continuous Quality Improvement Activities | Quality Improvement | All | Keep | 10 |
| | Improvement Activities | All | Keep | 20 |
| | QI Strategy & QI Plan | All | Keep | 30 |
| | Use Data Effectively | All | Keep | 40 |
| | Patient Satisfaction | All | Keep | 50 |
| Team Based Care | Empanelment | All | Keep | 10 |
| | Define Team | All | Keep | 20 |
| | Team Training | All | Keep | 30 |
| | Team Meetings | All | Keep | 40 |
| | Interdisciplinary Team | All | Keep | 50 |
| Access | Availability of Appointments | All | Keep | 10 |
| | Follow-up for Missed Appointments | All | Keep | 20 |
| | Improving Patient/Family Access | All | Keep | 30 |
| | Alternative Encounters | All | Keep | 40 |

| | | | | |
|-----------------------------------|---|-----|------|----|
| | Accepting New Patients | All | Keep | 50 |
| Care Management | Standing Orders | All | Keep | 10 |
| | Screening and Follow-Up | All | Keep | 20 |
| | Gaps in Care | All | Keep | 30 |
| | ED and Hospital Follow-Up | All | Keep | 40 |
| | Risk Stratification | All | Keep | 50 |
| Care Coordination | Clinical Question & Data Sharing | All | Keep | 10 |
| | Care Compacts | All | Keep | 20 |
| | Referral Tracking | All | Keep | 30 |
| | Lab & Imaging Tracking | All | Keep | 40 |
| | BH Integration | All | Keep | 60 |
| Providing Self-Management Support | Shared Decision-Making Tools | All | Keep | 10 |
| | Assess Self-Management Support Capability | All | Keep | 20 |
| | Self-Management Tools | All | Keep | 30 |
| | Implement Self-Management Support | All | Keep | 40 |
| | Individual Care Plan | All | Keep | 50 |
| Avoidable Costs | Potentially Avoidable Costs/Complications | All | Add | 40 |

Stakeholder feedback about Structural measures:

- Care Compacts** – Stakeholders consistently provided feedback that this measure is problematic because the care compact is not a legally binding agreement and therefore cannot be enforced by the primary care provider. However, others pointed out that it is currently aligned with a similar measure that is part of the ACC KPI measures. The final recommendation is to keep this measure to maintain alignment with the ACC KPIs.
- Patient Centered Medical Home Recognition & Cap on Structural Measure Points** – Stakeholders asked that the Department continue to offer practices credit for patient-centered medical home (PCMH) recognition in lieu of reporting on structural measures. Stakeholders also felt strongly that there should be a limit on the points that a practice can earn from Structural Measures. For more information on recommendations based on this feedback see the final section called “Recommendations for Measure Point Assignment & Point Goal”.

Other Measure Feedback & On Hold Measures

Throughout the stakeholder engagement process, individuals raised several topics that did not result in a final recommendation on the measure set or points. The issues and ideas raised by these individuals are captured here.

- **Long-Term Care Services** – Feedback was provided that there is a lack of Long-Term Care Service measures in the APM. Stakeholders did not identify any specific measures that should be added to the 2020 measure set to address this concern, but this issue should be revisited when updating the 2021 measure set.
- **Contraceptive Care** – Feedback was provided that there is a lack of contraceptive care measure in the APM; however, national experts have recommended that states avoid including contraceptive care measures in pay-for-performance models. The eCQM and Claims measure sets are intended to pay for performance. As a result, no contraceptive care measure will be added to the measure set in 2020.
- **Stakeholder Engagement Timeline** – Several stakeholders voice concern that the stakeholder engagement timeline for the 2020 measure set update was too short. The Department is encouraged to start the process earlier for the 2021 measure set update.

On Hold Measures:

The focus group recommended that three important APM measures be put on hold in 2020 due to challenges in collection and reporting of the measures. While these measures cannot be chosen by practices for the 2020 APM, the focus group recommended that the Department investigate the feasibility of these measure over the next year. The goal of the investigation is to either determine how the measures can be accurately reported and/or identify other equivalent measures that can be included in 2021 APM.

| Number | Description | Population | 2020 Measure Status |
|--------------------------|--|-------------|---------------------|
| N/A | Prenatal and Post-Partum Care | Adults | Hold |
| CMS 137 | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | Adults/Peds | Hold |
| NQF 2152 | Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling | Adult | Add & Hold |

- **Prenatal and Post-Partum Care** – Stakeholders liked that this measure is aligned with ACC KPIs but acknowledged that the measure cannot be captured accurately from claims right now. Recommendation is to put this measure “on hold” and not allow it to be

selected until the measure can be adequately measured using claims or an equivalent eCQM becomes available.

- **CMS 137 – Initiation and Engagement of Alcohol and Other Drug Dependence Treatment** - Stakeholders felt that a substance use measure is important to include and will possibly be part of 2020 ACC KPIs but question the feasibility of this measures. The data needed for calculating this measure is very difficult to collect electronically. In addition, primary care physicians often refer these patients to specialists, are challenged to adequately document patient engagement, and patients included in the denominator are hard to identify. The final recommendation is to put this measure “on hold” and not allow it to be selected until the measure can be adequately collected by practices or an equivalent eCQM becomes available.
- **NQF 2152 - Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling** – Stakeholders recommended that this measure be added to the 2020 measure set as a complement to CMS 137. While stakeholders felt that a second substance use measure is important to include, questions were raised about the feasibility of this measure due to the use of registry data and G codes for accuracy in reporting. Due to these concerns, the final recommendation is to add this measure but put it “on hold” and not allow it to be selected until the measure can be adequately collected by practices or an equivalent eCQM becomes available.

Recommendations for Measure Point Assignment & Point Goal

- **Relative Points Between eCQM, Claims & Structural Measure Types** – There was consensus among stakeholders that eCQM points should be valued higher than Claims and Structural measures to encourage practices to choose outcomes-oriented measures that are more actionable. However, stakeholders also expressed a need to increase the point spread between the measure types very gradually over time to give practices time to implement and accurately report electronic measures. There was general agreement that structural measures are important for practices that are new to the APM program. Stakeholders were concerned about significant decreases in structural measure points, suggesting that structural points remain the same or decrease very gradually.

As a result, the final recommendation is to assign higher point values to eQMs as compared to Claims and Structural measures in 2020 and to leave Claims and Structural measure points the same from 2019 to 2020.

- **Pay for Reporting vs. Pay for Performance** – There was consensus among stakeholders that practices should be able to earn points for pay-for-reporting during the first year that they choose or implement an eCQM. The rationale is that practices need time to collect and report measures for a full year before being scored on their ability to meet

performance goals. Stakeholders suggested that practices should be able to earn partial credit for reporting an eCQM even if they did not meet the performance goal.

As a result, the final recommendation is that practices should be able to earn half of the points in 2020 for an eCQM if they report one or more years of the measure but fall short of achieving the close the gap performance goal set by the Department. Stakeholders acknowledge that the Department may put a moratorium on the ability to earn half points for reporting sometime in the future (after 2020).

- **Total Points Needed for Full Reimbursement** – There was consensus among stakeholders that the Department should increase the total point goal needed for full reimbursement from 190 points to 200 points.

As a result, the final recommendation is to increase the total point goal for full reimbursement to 200 points in 2020.

- **Patient Centered Medical Home (PCMH) Credit** – There was strong feedback, especially from FQHCs, that practices should continue to receive substantial credit for PCMH recognition in lieu of reporting on Structural measures.

The final recommendation is that both FQHCs and non-FQHCs can earn half their points (100 points out of required 200 points) through PCMH recognition from a national body. The Department will review national recognition documentation to determine which practices will receive credit. Practices will still need to choose six (6) additional measures to earn the remainder of the 200 points.

- **Limit on Structural Measure Points Earned** – Stakeholders felt that there should be a limit (cap) on the number of points a practice can earn from Structural measures so that they must also choose some Claims Measures and/or eCQMs. Since this limitation would be a new requirement for practices in the APM, several stakeholders voiced concern about introducing any limit on Structural measure points only days before measure selection by practices. The final workgroup came to a consensus on a recommendation to introduce a very limited cap on Structural measures in 2020 with the intent to decrease the cap further in 2021 and beyond to encourage adoption of non-Structural measures by practices.

The final recommendation is that both FQHCs and non-FQHCs can earn no more than 180 points from Structural measures and/or PCMH credit in the 2020 APM and that practices must earn the remaining 20 points from either Claims measures or eCQMs.